

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11184</u>	2. Fiscal Year Covered From: <u>01 / 01 / 04</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RAMON RUBALCAVA</u> P.O. Box, Bldg., Room No., if any Street <u>500 So. Virgil Avenue</u> City <u>Los Angeles</u> State <u>CA</u> ZIP Code + 4 <u>90020</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 660</u> Labor Organization File Number <u>540301</u> P.O. Box, Building and Room Number, if any Street <u>500 South Virgil Avenue</u> City <u>Los Angeles</u> State <u>CA</u> ZIP Code + 4 <u>90020</u>
5. Position in labor organization. <u>Research Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ramon Rubalcava

On

8-15-05

Date

(213) 368-8606

Telephone Number

Name of Person Filing Ramon Rubalcava	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Rael & Letson</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 35 No. Lake Ave.</p> <p>City Pasadena</p> <p>State CA ZIP Code + 4 91101</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: N/A</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>Entertainment - Baseball games: 6/02/04 and 9/27/04 Dodgers, Los Angeles, CA</p> <p>11.b. Approximate dollar value of such dealing. \$100.00</p> <p>12.a. Nature of interest held or income received.</p> <p>N/A</p> <p>12.b. Amount. N/A</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any N/A</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>N/A</p> <p>14.b. Amount of payment. N/A</p>
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Name of Person Filing Ramon Rubalcava	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Kaiser Permanente</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 7th Floor</p> <p>Street 393 East Walnut</p> <p>City Pasadena</p> <p>State CA ZIP Code + 4 91188</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name County of Los Angeles</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1000</p> <p>Street 3333 Wilshire</p> <p>City Los Angeles</p> <p>State CA ZIP Code + 4 90010</p>	<p>11.a. Nature of such dealing.</p> <p>Lunch meeting with Kaiser Account Mgr. Ken Reiff and Kaiser U.P. of Marketing, William Caswell</p> <p>11.b. Approximate dollar value of such dealing. \$35.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 2em;">N/A</p> <p>12.b. Amount. N/A</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any N/A</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p style="text-align: center; font-size: 2em;">N/A</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Pacificore Health Systems Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any M/S CY24-228 Street 5701 Katella Avenue City Cypress State CA ZIP Code + 4 90630	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name County of Los Angeles Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any Suite 1000 Street 3333 Wilshire City Los Angeles State CA ZIP Code + 4 90010	11.a. Nature of such dealing. Business engagements and entertainment: 3/30/04 Hotel Room for Pacificore Conference 9/07/04 Baseball game, Anaheim, CA (\$50) 12/08/04 Holiday Dinner (\$30) 11.b. Approximate dollar value of such dealing. \$180.00 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 2em;">N/A</div> 12.b. Amount. N/A

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="text-align: center; font-size: 2em;">N/A</div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.